Common Framework
for the American Health Information Community

August 29, 2005 DRAFT

I. Introduction

Our nation's healthcare system is in poor health. Medical errors kill 44,000 to 98,000 Americans in hospitals every year.[1] That's more people each year than breast cancer, AIDS or motor vehicle accidents. Every day that we delay, more lives are lost.

We spend a lot for health care. Economists believe that up to a third of health care spending – more than half a trillion dollars a year – is wasted because of incorrect or redundant care or other problems.[2] Health care expenditures currently comprise 15% of our gross domestic product (GDP), and within a decade, could reach as high as 19% of GDP.[3] America's industries and families are clamoring for more value from their health care spending.

Our nation has both the humanitarian and economic imperative to transform health care delivery, as we know it. A critical ingredient in this transformation is our effort to meet President Bush's national goal for most Americans to have electronic health records[4] within ten years.

The American Health Information Community (also referred to as "the Community") will help us reach this national goal by providing a pathway to achieve interoperability and adoption of critical health information technology (IT). The national strategy calls for Federal agencies to collaborate with private stakeholders in developing and adopting architecture, standards, a certification process, and a method of governance for the ongoing implementation of health IT.

Once the market has structure, patients, medical professionals, institutions, and vendors will begin to innovate, create efficiencies, and improve care. The end result will provide immediate access to vital medical information in an efficient manner when and where it is needed the most. And, health information will be protected from unwanted access. Americans will have choice and portability, clinicians will have the information they need at the point of care, researchers will have better data, and payers will save money.

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[1] Institute of Medicine, 2000; Thomas et al., 2000

[2] http://www.hhs.gov/news/speech/2005/050606.html

[3] http://www.hhs.gov/news/speech/2005/050606.html

[4] An electronic health record is a digital collection of a patient's medical history and includes items like diagnosed medical conditions, prescribed medications, vital signs, immunizations, lab results and personal characteristics (age, weight, etc.).

II. Purpose

The American Health Information Community provides a collaborative forum for interests both inside and outside of the Federal government. The Community is charged with recommending specific actions and advice to accelerate the widespread adoption of health IT. Its efforts focus on several dimensions of health IT such as the creation of standards, a certification process, and a national architecture to securely share electronic health information.

III. Authority

The U.S. Department of Health and Human Services has determined that the establishment of the American Health Information Community is in the public interest. The Community is subject to the Federal Advisory Committee Act (FACA) 5 U.S.C. Appendix 2, as outlined in its Charter, filed with the Congress on July 28, 2005.

IV. Membership Selection and Appointment

Members of the Community are appointed by the Secretary of Health and Human Services for a term of two consecutive years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term.

The Secretary of Health and Human Services will serve as the chair, and at his discretion may designate an Acting Chair for any meeting or portion of a meeting.

It is the intent of the Community to operate in an environment of shared learning, where every member of the Community represents an important and appreciated point of view. The Department of Health and Human Services maintains decision-making authority, but to add value to the decision-making process, will consider the recommendations of the Community as a body of government health information experts and consumer and industry representatives.

Accordingly, the non-Federal members of the Community are expected to serve in a representative capacity.

In an effort to cast a wide net for outside help, the Community will receive input from advisors and will welcome participation from members of the public. The advisors will be experts in their field of specialty and selected by the Secretary. Members of the public will attend and monitor the public meetings and submit written statements to the Community.

V. Meeting Procedures

The Community will meet as required and called by the Chair.

1. **Agenda** – The Chair will approve the agenda for all meetings. The Department of Health and Human Services will distribute the agenda to members prior to each meeting and will publish the agenda with the notice of the meeting in the Federal Register. Items for the agenda may be submitted to the Chair by any member of the Community.
2. **Minutes and Records** – Staff will prepare minutes of each meeting and will distribute copies to each member of the Community. Minutes of open meetings will be available to the public. The minutes will include a record of the persons present (including names of members of the Community, staff, and members of the public who made written or oral presentations) and a complete and accurate description of the matters discussed and conclusions reached, and copies of all reports received, issued or approved by the Community.
3. **Open Meetings** – All meetings will be open to the public, except in limited circumstances and in accordance with federal law in advance. Notice of closed meetings will be published in the Federal Register in accordance with federal law.

VI. Decision Framework

The recommendations and actions of the American Health Information Community will be based on a consensus process.

1. **Definition of Consensus** – For the purposes of this Framework, consensus is generally accepted agreement without requiring a vote. Consensus does not require unanimity.
    - **Implementation of Consensus Process** – The Community will serve as the venue for resolving disputes and reaching final decisions for action. Final decisions will be made when "consensus" is reached. The Chair of the Community will determine, based on the discussion, whether a consensus has been reached and an action may move forward. Under this model, an action may move forward when there is significant support with no or relatively little active opposition.

The Chair may seek a vote to confirm matters on which consensus was reached, or may seek to move action forward with a vote, in which case the Chair can ask for a vote and a simple majority will constitute passage of the measure.

VII. Scope of Work for the Community

The Community will follow an aggressive schedule for action. Our expectation is that the process outlined below will culminate with the transition to a private-sector health care community initiative within five years.

1. **Priority Breakthroughs** – Within three months of the first meeting, the Community will make recommendations for priority areas in which health information technology can provide immediate benefits to consumers. These "breakthroughs" might include drug safety, e-prescribing, bio-terrorism surveillance, immunizations, or many others. After prioritizing, the Community will provide advice on specific timetables and actions that are needed to get these breakthroughs to the American people as rapidly as possible.
2. **Long-term infrastructure** – The Community will support the development of a long-term infrastructure to support innovation, value, and protection from the nation's health information technology investment. The following key areas will be emphasized in the initial efforts by the Community, working in conjunction with other public and private groups as well as Federal contractors:
    A. **Standards Harmonization**– The Community will support a collaborative process in conjunction with the ANSI Health Information Technology Standards Panel and other entities to unify and harmonize industry-wide health IT standards development, maintenance, and refinements over time.
    B. **Conformance Certification**– The Community will support a collaborative process to develop, create prototypes for, and evaluate a conformance certification process for health IT in conjunction with the Certification Commission for Health Information Technology and other public entities.
    C. **Privacy and Security**– The Community will work with a consortium of state governments and state-level health information exchange groups to develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices, including those related to HIPAA. The Community will make recommendations throughout the process on how to protect the confidentiality of health information.
    D. **National Health Information Network Architecture** – The Community will work with a variety of public-private consortia to develop, prototype, and evaluate nationwide health information network architectures that support widespread health information exchange that can be used to test specialized network functions, security protections and monitoring, and demonstrate feasibility of scalable models.
3. **The Community Work Process**

A. The Community will identify and prioritize the breakthroughs and develop a timetable and key actions to achieve success.
B. The breakthrough workgroups will identify barriers and opportunities and will make recommendations to the Community as to how to accelerate realization of their particular breakthrough.
C. Federal contractors and public/private entities will support the development of the long-term infrastructure, such as standards, that support breakthroughs while at the same time ensuring that an overall solution for healthcare is realized.

4. **Sunset of the Community** – The Community will study and make recommendations on how the Community will be succeeded by a private-sector health information community initiative within five years.

X. Expense and Reimbursement

The Department of Health and Human Services will bear expenses related to the operation of the Community. Non-Federal representative members will serve without compensation, pursuant to an advance written agreement. Expenditures of any kind must be approved in advance by the designated Federal official.

Federal employees serving on the Community are not eligible for any form of additional compensation. The government will pay travel and per diem for non-Federal representatives at a rate equivalent to that allowable for federal employees.